**APPLICATION FOR FOUNDATION STAGE NURSERY**

PLEASE COMPLETE BOTH PAGES IN BLOCK CAPITALS

**DETAILS OF CHILD**

**SURNAME:** *SURNAME* **FIRST NAME:** *FIRST NAME*

**MIDDLE NAME(S):** *MIDDLE NAME*

**DATE OF BIRTH:** *DATE* **Male:  Female:**

**ADDRESS:** *ADDRESS*

**POST CODE:** *POSTCODE*

**NATIONALITY:** *NATIONALITY* **ETHNICITY:** *ETHINICITY*

**LANGUAGES SPOKEN AT HOME:** *HOME LANGUAGE*

**LANGUAGES SPOKEN BY CHILD:** *SPOKEN BY CHILD*

**BIRTH CERTIFICATE/PASSPORT SEEN BY SCHOOL:**

**DETAILS OF PARENTS / GUARDIANS**

**MR MRS MISS MS NAME:** *FULL NAME*

**RELATIONSHIP TO CHILD:** *RELATIONSHIP TO CHILD*

**ADDRESS (if different to child):** *ADDRESS*

**TEL:** *TELEPHONE NUMBER* **MOBILE:** *MOBILE NUMBER*

**E-MAIL:** *EMAIL ADDRESS*

**NATIONAL INSURANCE NUMBER:** *xx xx xx xx x* **PARENTS DOB:***DATE*

**MR MRS MISS MS NAME:** *FULL NAME*

**RELATIONSHIP TO CHILD:** *RELATIONSHIP TO CHILD*

**ADDRESS (if different to child):** *ADDRESS*

**TEL:** *TELEPHONE NUMBER* **MOBILE:** *MOBILE NUMBER*

**E-MAIL:** *EMAIL ADDRESS*

**NATIONAL INSURANCE NUMBER:** *xx xx xx xx x* **PARENTS DOB:***DATE*

**If you are entitled to 30 hours in Nursery please supply your code for verification**

**Admissions to Foundation Stage are based on the following priorities: -**

1. Children in public care or fostered.   
2. N/A @ YWI School - Children in receipt of 2 year old FEEE (Free Early Education Entitlement).   
3. Children who have siblings already in our main school (FS2 – Year 6) living at the same address.

4. Date of birth order.

Please complete the following sections if relevant.

**PRIORITY 1 - CHILDREN IN PUBLIC CARE/FOSTERED**

**LOCAL AUTHORITY:** *LOCAL AUTHORITY*

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**PRIORITY 2 - DETAILS OF OLDER SIBLINGS**

**NAME:** *SIBLING NAME* **DATE OF BIRTH:** *DATE*

**NAME:** *SIBLING NAME* **DATE OF BIRTH:** *DATE*

**ANY OTHER RELEVANT INFORMATION WHICH WOULD BE HELPFUL FOR US TO KNOW:**

*ANY OTHER INFORMATION*

**The sessions we have available are as follows:**

* **Every morning 9-12**
* **Every afternoon 12-3**
* **First half of week – All day Monday and Tuesday 9-3pm & Wednesday 9-12**
* **Second half of the week - Wednesday 12-3 and all day Thursday and Friday 9-3**
* **All week 9-3 everyday**

**SIGNATURE:** *SIGNATURE* **PRINT NAME:** *PRINT NAME*

**DATE:** *DATE*

Please inform us if any of the above details change whilst your child is on our waiting list.